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ORIGINAL DEPARTMENT.

Communications.

INSTRUMENTAL DIAGNOSIS.

By PHILIP S. WALES, M. D.,  
Surgeon, U. S. Navy.

A marked feature of scientific and medical progress of the last few years has been the discovery of new, and the perfection of old instruments, for the purpose of assisting the senses in interrogating nature with more severity, accuracy, and efficiency, for interpreting with more intelligence the answers thereby elicited, and for elucidating with greater clearness the phenomena everywhere presented to the intelligent observer.

The application of such instruments in physical investigations has always constituted an important era in science, preceding the discovery of some great truth, or the extension and development of some general principle, which had remained unknown by reason of the defects in the means for correct observation.

Thus we find that some of the most comprehensive and beautiful principles have been, by their aid, established in the science of astronomy. Sir W. HERSCHEL, with his stupendous telescope of forty feet focal distance, and four feet aperture, was enabled to penetrate the fathomless abyss of celestial space, and observe many objects before unsuspected by scientific men, and which no mortal eye had ever seen; he was thus prepared to establish facts in science, and draw deductions from them, which will always remain an enduring monument to his genius for scientific acumen.

Still more remarkable is the Rossz telescope, with its six feet aperture and 28.274

feet of reflecting surface; by its means the moon's disc has been brought several thousand miles nearer the earth, and many objects upon its surface made out with sufficient accuracy to amount to a fair probability. The application of other instruments of great size and refinement of mechanical construction, such as the *altazimuth* and *prime vertical circles*, the *transit*, *altitude*, and *azimuth circles*, the *heliometer* and *astronomical clock*, has been the prelude to important observations and the establishment of facts and principles that will remain unshaken for all time, and has conferred all the accuracy and certainty of a fixed science upon astronomy, and ranked it the foremost and most noble of all branches of human knowledge.

The invention of the *tortion of balance* by COLOUMB, placed in the hands of the physicist the means of estimating the quantity of matter, from that which is inappreciable by the most delicate balance to the most stupendous; the earth, the planets, and even the sun itself have been weighed in it. This instrument also affords the most delicate test of the intensity of electrical and magnetic currents.

The *electrometer* has likewise furnished important information as to the intensity of the two latter physical forces, as well as those minute degrees of heat that do not affect the ordinary thermometer. Interesting facts have also been ascertained by the electrometer in physiological experiments; when, for instance, it is connected with needles thrust into the tissues, the temperature of any portion or tissue of the body can be detected with unerring certainty in their normal, pathological, active or passive states. In this manner, as an illustrative example, it may be mentioned, that experiment has shown that the muscles develop heat in their motions, and that their

habitual temperature is above that of the superjacent cellular tissue.

In chemistry, the application of the perfect *balance* resulted in exploding the old *phlogistic* theory, led to the discovery of one of the most beautiful and important laws in that science, *i. e.*, the law of combining equivalents, and laid the certain foundation for the rearing of that comprehensive and useful science—modern chemistry—which, from the certainty of its laws, now holds also a place among the fixed sciences.

The gross and embarrassing descriptions, and immature and often erroneous generalizations of mineralogy have also given way to the magic influence of the *goniometer*, and the rational deductions and systematic classification of geometric terms following its use.

That branch of natural science denominated meteorology, has grown from the crudest and most uncertain of sciences, by the labors of HUMBOLDT and others, with new and perfect instruments, to be an attractive and delightful study; and, furthermore, possesses an importance for the unscientific as well as for the scientific, on account of the influence which it exerts upon commerce, navigation, and the pursuit of the agriculturist. In this field of observation and experiment, the *thermometer*, *mercurial* and *aneroid barometer*, *hygrometer*, *ventometer*, and *ozonometer*, have been employed, and by their aid important facts as to the temperature, weight, moisture, force, and constitution of the air have been established. To individualize a result of such observation, we may instance the discovery of *isothermal lines*, that is, belts of uniform temperature encircling the terraqueous globe, running in the general direction of the parallels of latitude.

The *microscope* has done for the organic microcosm what the telescope has for the macrocosm. The naturalist is no longer compelled to walk in darkness and doubt, as has hitherto been done, as to the animal or vegetable character of any particular specimen he may meet with, but with the assistance of this instrument which enables him to penetrate its internal constitution, he will possess the means of arranging it in the classification readily, at

least sufficiently accurate to avoid adding to the great confusion and doubt which have hitherto existed upon this subject. All the changes that have occurred in the classification of organic forms since the introduction of the microscope are too numerous even to mention them. As remarkable examples, may be mentioned the transfer of the three groups, Diatomaceæ, Desmidiaceæ, and Volvocineæ, regarded by EHRENBURG as animalcules, from the animal to the vegetable side of organic life. Other changes have been made in another direction; animals and plants supposed to be different species, have in many instances been found to be the same in various stages of their evolution and development.

Besides the accuracy of distinction of organic life that the microscope has introduced into natural history, it has also presented to the astonished gaze of the naturalist thousands of new and unknown forms, which, like the celestial nebulae, had remained undiscovered until the perfection of the means of observation had brought them within our visual compass.

The microscope has been usefully and successfully employed in practical medicine, and important results have flowed from its application in the discovery of certain pathological changes and new morbid elemental structures.

With all these brilliant discoveries in the physical sciences, it is to be wondered at that physicians did not at an earlier period endeavor to give more of the nature of a fixed science to the science of medicine. It has seemed that the history of medicine, until within a very few years, has presented but a record of mind trammelled with the dogmatism of the old masters, the brilliant but visionary scintillations of medical genius, and with the shackles of prejudice and custom, until in the latter particular, errors, like kings, have ruled by a sort of prescriptive right. Perhaps in no science is it more important than in that of medicine, that

"He that would follow philosophy, must be a freeman in mind."

Happily, within the last half century, more progress has been made in really scientific medical research than in any five preceding

decades in the history of the science. The introduction of new instruments has had much to do with this progress, and they will doubtless, in the lapse of time, give medicine as much certainty as is now possessed by its sister sciences.

Some of the more remarkable instruments employed by the physician are the sphygmograph, the thermometer, the ophthalmoscope, the otoscope, the laryngoscope, the rhinoscope, the endoscope, and the stethoscope.

#### Sphygmography.

The sphygmograph, derived from the two Greek words *σφυγμα*, pulse, and *γραφεις*, a pen, was first applied in physiological researches upon the circulation of the blood, but recently has been turned into another channel—the investigation of disease.

The pathological deductions from its application have not as yet been sufficiently examined and generalized as to enable us to decide upon the extent of its utility in the diagnosis and prognosis of morbid perturbations of the circulatory apparatus; but that it is useful, has been shown by numerous published accounts of its truthful and perfectly reliable indications in certain forms of morbid changes in the valves and orifices of the heart, and in the arteries. However, for the full elucidation of this interesting and important question, the instrument must be placed in the hands of painstaking and scientific physicians, and a sufficient time must elapse for correct and extended observation, and the collection and collation of facts.

At all times in the history of medicine, the indications of the pulse have been considered an important element in the diagnosis and prognosis of disease; the ancient masters of medicine have testified to its importance in their works, from the period in which the sage of Cos lived, down; and in later times, though this interest has considerably diminished, yet certain modern observers have excelled our predecessors in their sphygmical refinements. The absurd extent to which these have been carried by some persons will find an illustration in the fact, that as late as 1827, an elaborate work of two large octavo volumes, entitled, "Introduction to the Science of the

Pulse, by JULIUS RUCCO, M. D.," made its appearance in London.

The difficulty of accurately appreciating and estimating the properties or qualities of the pulse in health and disease by the unassisted senses, has always stood in the way of progress in the knowledge of the value of its indications, and therefore has prevented the attainment of much accurate and reliable prognostic and diagnostic information from its examination in disease. The tactile power, by means of which we gain such knowledge, is, however, so various in different persons, that with the same pulse different impressions as to its qualities of fulness, force, and volume, may be conveyed to them, and therefore different conclusions will be arrived at, though the conditions of the observation be the same. To appreciate the innumerable variations of the pulse, and their import in prognosis and diagnosis, a long individual training is absolutely required, when the sense of touch is alone employed in the investigation. Even after this knowledge has been acquired, it is of that sort of individual possession which cannot be transmitted to another, or taught by any form of words you choose to adopt, while the tactile power is so various, except in the most imperfect manner.

But one quality of the pulse, *i. e.*, frequency, can be determined with mathematical accuracy, and it is for this very reason that it is so frequently and uniformly employed by physicians as a guide in diagnosis and prognosis, although it is the most changeable of them all, whether in health or disease, and is, moreover, in many cases, of a far less practical importance than the others. From this imperfection of the sense of touch in accurately determining the character and import of the pulse qualities, the working physician will gladly welcome any extrinsic aid from physics, in giving more certainty to his observations and deductions in the daily pursuit of his profession. This important desideratum is now promised him in the sphygmograph.

As early as 1837, KING, of London, in order to make more evident the motion of certain veins presenting the phenomenon of rhythm, employed a lever for amplifying its

extent. Later, VIERORDT, a German physiologist, applied the same happy idea to the ascertainment of arterial rhythm, and by means of the lever was enabled to make evident to the eye in the form of diagrammatic sketches, the qualities of arterial action; but the great objection to his instrument is that the lever is too heavy, and so poised that its tracings were too uniform, and the component lines nearly vertical and parallel under all variations in the arterial current, and so far they did not represent the various pulse-forms correctly, or possess sufficiently distinctive and characteristic properties as to enable the physician to draw any conclusions as to the various morbid states of the circulating and other organs.

With a view of correcting this manifest imperfection in the instrument as a diagnostic mean, Dr. E. J. MAREY, of Paris, well known for his scientific attainments as a physiologist, and as an acute observer, modified it in many material points, so as to produce almost an altogether new instrument. He simply retained the lever motion of the instrument of VIERORDT to multiply the extent of arterial action, and then appended other portions to it, so that the complete apparatus worked in such complete harmony, and with such accuracy, as to enable him to present to the eye the most faithful representations of the pulse-forms under the most varying conditions of disease.

This instrument, as perfected by Dr. MAREY, with a drawing, reduced to a third of its real size, and accompanied by pulse tracings, will be the subject of our next paper.

[To be continued.]

#### CASE OF TUBAL PREGNANCY.

UNDER THE CARE OF H. B. LINTON, M.D.

REPORTED BY DR. PHILIP LEIDY,  
Of Philadelphia.

Emma M., æt. 25, lymphatic temperament, strong and healthy, mother of two children.

Dr. LINTON was called for the first time about 2, P. M., January 18th. Found her suffering from pain about the præcordial and lumbar regions. Upon examining,

found nothing special, but attributed the pain to threatening miscarriage, as he was led to believe, from the history of the case, that pregnancy existed. Ordered

Morphiæ sulph., gr  $\frac{1}{2}$ .  
Aq. camph., f. 3j.

to be given every three hours, with positive directions that in case there was an increase of the symptoms, to send for him immediately. Was summoned about 7  $\frac{1}{2}$ , P. M., same day. Arrived in about twenty minutes, when he found the patient dead. From what he could learn from the relatives and friends, death must have been instantaneous. (Only a short time before there had been an amelioration in the symptoms.) What was the cause of death?

There being decided opposition to a post mortem examination, it required considerable manœuvering and strategy to obtain the consent of the parties, which was only secured by making a certain promise, which, on account of the examination revealing such an interesting abnormal condition, we do not hesitate in saying was not fulfilled; being aware at the time that it was a case which, (had the parties not consented,) would have come under the notice of the coroner.

The autopsy was made by Dr. PHILIP LEIDY, thirty-six hours after death, and revealed a large quantity of blood in the abdominal cavity. After removing the same, and upon close examination, found the organs contained therein healthy until we came to the uterus, which was enlarged, containing a decidua. The left ovary contained a corpus luteum of pregnancy, half an inch in diameter, probably about two months old. The left Fallopian tube, about half an inch from the uterus, was expanded to the size of a soft-shelled almond, and ruptured; from the mouth of the rupture a clot protruded. The orifice was about the size of a marrow-fat pea. Interior filled with a clot, and the surface roughened, apparently as prepared for the adherence of an ovum, which evidently had been contained in the sac, and had been extruded into the abdomen when the tube was ruptured. The patient died from internal hemorrhage.

The foregoing case is interesting, not only from the rareness, but the difficulty of diagnosis, I might say impossibility, at



such a period. The specimen can be seen at the WISTER & HORNER Museum of the University of Pennsylvania.

#### LIME INHALATIONS IN PSEUDO-MEMBRANOUS CROUP.

BY BENJ. B. WILSON, M. D.,

Of Philadelphia.

Since my article on the therapeutic value of lime inhalations in croup, published in a previous volume of the REPORTER, was written, I have used the remedy to a very considerable extent in the mixed forms of the disease; where the spasmodic or the catarrhal element seemed to prevail, and always with a result most agreeable to my patients and satisfactory and encouraging to myself. The warm vapor when respired with the atmosphere, seems to have a most soothing effect upon the mucous membrane of the air passages; relaxing spasms, promoting secretion and expectoration, and thus at once relieving the distressing dyspnoea which characterizes the disease. The little sufferer almost invariably drops to sleep while inhaling the vapor; the repose being comparatively calm and undisturbed, and generally accompanied by a profuse perspiration, which evidently contributes to the mitigation of the symptoms in no inconsiderable degree.

No case of genuine and uncomplicated pseudo-membranous croup, had however, occurred to me since writing the communication above referred to, until ten days ago, when I was called to a case of several days duration, and in which the symptoms were of the gravest and most unpromising character; and one eminently fitted for putting the therapeutic virtues of this remedy to the severest test.

L. S., aroused me at 4 o'clock, Monday morning, with a request to visit his son, three-and-a-half years old, sick with croup. The history of the case was that the little boy had sickened with a high fever and hoarseness of voice on Thursday evening, and had once or twice during the day manifested a peculiar loud barking cough, which, though somewhat alarming, had given them no uneasiness, because in other respects the little patient seemed so well, not having for a moment intermitted

his accustomed plays. The hoarseness increased, until on Saturday evening the voice was quite whispering, and he spent a restless and most distressing night, having a very high fever and occasional croupy cough. The parents being young and having little knowledge of disease, and having had no experience whatever in croup, were not aware of the significance of these symptoms, and as the child seemed better on Sunday morning, no medical aid was called, and some simple expectorant was given.

On Sunday night, however, the severity of the disease became evident even to non professional observation, and my services were invoked; though in consequence of the patient living a long way from my residence, it was almost morning before I reached the house. I found the little sufferer almost in articulo mortis; speech, except in the faintest whisper, was impossible. The respiration was hurried and gasping, and accompanied by that peculiar shrill whistle on inspiration, which is characteristic of the presence of false membrane. The supra sternal fossa also was very marked and sunken at each recurrent effort at inspiration. The surface was bluish and almost mottled, and the lips and nails quite blue, showing that the aeration of the blood was already considerably impeded; and altogether, the condition of the patient was such that unless relief was obtained, death impended, and that at a period not very far distant.

Treatment was at once begun, by immersion of the hips and extremities in a hot mustard hip bath, and by active counter irritation, by means of turpentine stupes to the throat and chest, and by the administration every hour of a powder composed of calomel, ipecacuanha and sal ammoniac, the child having been very freely vomited with the compound syrup of squill before my arrival. The administration of the vapor of lime by inhalation was then commenced, and having been perseveringly kept up, notwithstanding the fears and continued opposition of the child, for an hour-and-a-half, we were rewarded by seeing the suffering patient gradually respire with less effort, and fall into a comparatively comfortable sleep. The use of the remedy during sleep,

became of course, quite an easy matter, and was continued with scarcely any intermission, a fresh lump of lime being slacked at least every thirty minutes during sleep, and as often during the waking hours as the child could be induced to respire the vapor. During the entire day of Monday, little apparent change occurred in the condition of the patient, except that the respiration was markedly less labored than when treatment was commenced. A decided exacerbation occurred during the evening and early part of the night, which was met by the continued and persevering use of the remedies above indicated, with the effect of procuring very decided relief before midnight. The afterpart of the night was spent almost entirely in easy slumber, during which the inhalations were constantly continued. Tuesday morning found the little patient very greatly improved, and on Tuesday evening he was evidently out of danger, though the hoarseness and croupal cough remained for several days, and in fact was plainly distinguishable at the end of the week, especially during the spasmodic efforts of laughing or crying.

The other child of Mr. S., a little girl of sixteen months, was attacked with symptoms precisely similar to those of her brother, during Sunday night, a few hours before I was sent for. In her case, vomiting was freely induced, and a similar treatment substantially proceeded with. She was convalescent on Monday, and rapidly recovered, without catarrhal symptoms.

In my experience, the occurrence of two or more cases of *pseudo-membranous* croup in the same family at the same time, is not a very infrequent circumstance. It has happened repeatedly to me. Among patients it gives rise to the surmise, that the disease may have a contagious or epidemic origin. Such a suspicion is however without foundation, the disease, doubtless, being generally induced by atmospheric changes, and occurs simultaneously in children of the same family, because they are constitutionally and perhaps hereditarily similarly predisposed to be affected by the causes of the disease.

I look upon the case above narrated, as con-

tributing materially to establish the therapeutic value of the inhalation of the vapor of lime. The case was one of undoubted pure and uncomplicated pseudo-membranous croup. It had existed for several days, and was in a most critical condition when first seen and prescribed for. No physician of experience need be reminded of the grave character of such forms of the affection, they are rightly considered almost necessarily fatal, and our weekly mortuary reports sufficiently attest the fact of their frequent occurrence. An efficient remedy for such a desperate phase of disease is a boon to the profession and to humanity, and such the vapor of lime appears to be.

It can be used in addition to, and without interfering with any other treatment; and occasions no distress whatever, when once the natural fears of the little patient are overcome. On the contrary, the *immediate* effect is always of a most particularly soothing and grateful character. There can therefore be no objection to its exhibition in cases in which the prognosis is most unfavorable, and it is in those instances particularly, that I desire the profession to give it an opportunity to prove its value. Each trial thus becomes an *experimentum crucis*, which will, I doubt not, soon be followed by the recognition of the remedy as an established therapeutic agent.

As stated in my last article, it can be conveniently administered by slaking in a pitcher a lump of quick lime, as originally suggested by Dr. A. GEIGER, of Dayton, Ohio; a vapor bath being extemporised by two or three large quilts or blankets, supported by chairs or props, the head-board of the bed, or arm of the sofa, and including the entire body of the patient within their limits. If hot water is used, very active chemical action is at once induced, with the evolution of a good deal of heat, and the throwing of a dense watery vapor strongly impregnated with the hydrate of lime. This vapor surrounds the body, and mixed with atmospheric air is respired. It produces, besides its effect upon the air passages, a most profuse diaphoresis, which alone must exercise a curative effect upon the disease. In children of more mature years, or in adults, where a diaphoretic effect is not desirable, an inhaler or

generator with flexible mouth piece attached, would doubtless prove useful, as applying the vapor less diluted, and more nearly approaching the temperature of blood heat. Concentration of the vapor is desirable, provided a sufficiency of air for the proper aeration of the blood is admitted. These details are however comparatively unimportant, and will be managed by the physician to suit the peculiar circumstances of each particular case.

## Medical Societies.

### EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

*Stated Meeting, Jan. 7th, 1868.*

DR. JOHN BURKE, *President, in the Chair.*

The usual routine business of the evening having been disposed of, the discussion on ergot was resumed.

#### The Use of Ergot in Labor.

Dr. BARRY took up the questions propounded by Dr. WEISSE at the last meeting, and spoke as follows:

I suppose now-a-days, very few medical men would doubt the efficacy of ergot in labor, or its action on the muscular fibres of the uterus; in my own experience I have seen effects, or rather, I mean to say, the want of effects, follow the administration of ergot in labor cases, enough to throw grave doubts on the virtues of the drug altogether, and certainly in the hands of an indifferent or prejudiced practitioner, would be sufficient to condemn it in toto; but whenever I found any particular preparation fail, I at once had recourse to another sample procured from a different source, and invariably have succeeded in producing marked uterine action. Again, I have seen some patients very difficult to bring under the influence of ergot, and in such cases it was only by repeated doses and by combination with brandy and opium, that I succeeded in bringing about contraction, and then when the full effect was obtained, the pains were very strong and effective.

Admitting then its efficacy, the next question for consideration is, what time is proper, and what the condition of the patient for its administration. The os must be dilated and dilatable, parts soft and relaxed, and the labor tedious. The contra indications are when there is a rigid os, as the continued and powerful pressure of the womb, from the

action of the ergot on its muscular fibres, is very likely to result in the loss of the child, and perchance rupture the uterus, so far as my observation and experience have taught me.

Now then to recapitulate. First, it is settled that ergot does exercise marked influence on the muscular fibres of the uterus. Second: when labor has progressed, os dilated and dilatable, thin, membranes pressing down, parts soft and relaxed, and the natural labor pains inadequate to expel the fœtus, then ergot comes in play. Third, the fluid extract I think the best; I have tried every possible mode of administration, but have latterly confined my practice in this respect altogether to the fluid extract, and the infusion or decoction.

In partial placenta prævia, I think ergot is invaluable, from contracting the wound and arresting hemorrhage. I have always used ergot pretty freely in my practice, and never found any bad result from its use.

The President, Dr. BURKE closed the discussion with the following paper on ergot.

My experience of the use of ergot extends over a period of eighteen years. I have used it very frequently during my active practice of midwifery about ten years. I can, therefore, speak confidently a few brief words concerning the drug.

*First.* Ergot acts on the organic nerves of the womb, causing contraction of its muscular fibres in from ten to sixty minutes after its administration. I generally give an infusion of the freshly powdered ergot about fifteen grains every twenty minutes, until the effects are produced.

*Second.* Ergot will not act on the uterus in every case; there are exceptions, but I think the exceptions are rare. I deem ergot as certain as most remedial agents; quinine will not always cure ague; castor oil will not always purge; opium sometimes will fail to produce sleep, and will even in some cases cause wakefulness. Nor will croton oil bring a papular eruption on the skin in every case. Until physiologists inform us how it is that drugs will not always produce their usual specific effects in individual cases, or why they even act contrary to our anticipation, our materia medica will never be accurate, and the practice of medicine will be obnoxious to change.

*Third.* Ergot will cause death of the child in many cases; of that I am pretty positive. How soon it will affect the child after being taken, I cannot say: some physicians say that if the child is not born in from forty to sixty minutes after its use, it will be still-born; but I have seen

it given and in twenty-four hours afterward the child was born alive. I think the result depends on the energy of its action; if the ergot only brings on moderate pains, merely hurrying up a little the natural action of the womb, the child may be born alive, hours after it is taken. But if the drug cause the womb to contract with great force, so that the interval between the paroxysms of contraction is hardly distinguishable, I think that from thirty to fifty minutes is long enough to wait without using the forceps. I do not think that it poisons the child, but it is the continued contraction of the womb with little intermission, that causes the death of the child by pressure both on the head and placenta. When ergot begins to act promptly, by placing the finger on the child's head, it will be found that the corrugations of the scalp are constant all the while, and the head only slightly recedes, whereas in natural labor, the head recedes considerably, and the scalp becomes smooth during the interval of pain, though I have noticed in cases of ergotic contraction, even of the severest kind, a slight moderation of the pain at intervals; it never entirely ceases. I am, therefore, inclined to think that this constant spasmodic contraction produces some change in the purification of the blood of the fœtus, and it may also cause the placenta to be cast off before the birth of the child, or the child may suffer from the persistent pressure on its head; however if we take these three things into consideration, there will be ample cause for the fatal results which frequently follow the use of ergot. I attribute, therefore, the whole evil effects of ergot to the persistent contraction of the womb which it excites.

When a child is still-born after ergot, I have observed that there is great pallor of the face; the child is soft and flaccid, whereas in the child dead-born from prolonged labor without ergot, the face was livid and congested, and the body had a great deal of muscular tension.

*Fourth.* Ergot should be therefore used with care, it is valuable where it exactly fits; the womb should be dilated or very dilatable, the presentation of the fœtus must be right—there should also be a proper proportion between fœtus and pelvis, so that the former can pass readily; uterine pains should be slow, few, and far between, for let it be borne in mind, that ergot is given to stimulate these gently, not to hurry them up too rapidly. Ergot should not be employed if the womb has already strong natural pains, if the head does not descend at the proper period, other means than ergot are required.

*Fifth.* Before using ergot, we should try and find where the fetal heart is, and how quickly it beats; if the beat of the fetal heart becomes slow after ergot has been given, say to one hundred and twenty, deliver immediately. With this intent, always have the forceps at hand when the drug is given; if the forceps have to be sent for, much time is lost, and the child will be dead ere the messenger returns. To use a common expression, have the forceps as your right bower; if not up your sleeve, at least within a convenient distance.

Let me then sum up my experience. Ergot is a powerful drug. It may cause death of the child, and rupture of the uterus. Before its use, the indications as already stated must exist; by careful examination it should be ascertained whether there be or not a reasonable proportion between the fœtus and the pelvis. Ergot may be given to expedite the pains of labor, when they are slow and of very little force, care being taken to have the forceps at hand if the fetal heart begins to beat much slower than usual. I am aware that it is not always possible to find out the pulsation of the fetal heart, but at all events it should be ascertained if possible before using ergot. With these precautions, I think that ergot is a safe medicine for mother and child where its use is properly indicated.

*Finally.* Ergot is said to cause flooding, and it may occasionally do so indirectly, because the womb is so much exhausted after the expulsion of the child, that it is unable to contract firmly, hence it is well to see that the womb contracts firmly after severe ergot pains. If flooding takes place, other stimulants besides ergot will be required to excite the exhausted muscular fibres of the womb to action; if there be flooding, or a retained placenta where ergot has not been used before the birth of the child, then it will assist the other means very much in arresting hemorrhage and causing the expulsion of the placenta. In active flooding, ergot alone cannot be depended on, it will not do to wait twenty minutes or half an hour for its action.

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*Stated meeting, Feb. 4th, 1868.*

Dr. JOHN BURKE, President, in the chair.

Dr. NEWMAN reported the illness of Dr. CHEESBROUGH, and recommended the addition of two members to the committee on visitation of the sick. On motion, the question was put and carried. The committee as now constituted, consists of seven members, as follows:

DRS. WM. NEWMAN, TRUMAN NICHOLS, JOHN



BURKE, R. J. O'SULLIVAN, H. E. CRAMPTON, MONTROSS L. SMITH, and SAMUEL BLUME.

DR. STEIN submitted a proposition that printed lists of the names of the members of the association be furnished the druggists who have promised not to repeat prescriptions without the written order of the physician, for the purpose of preventing any evasion of the resolutions on the plea of ignorance, etc. Carried.

Dr. WEISSE read an able and elaborate paper on the Cell Theory, its bearings on Histology, Pathology and Therapeutics.—Illustrating and explaining his remarks with copious diagrams. At the conclusion of which he received a vote of thanks of the association.

Notice was given by the chair that at the next meeting, Dr. ALEXANDER W. STEIN would read a paper on Constipation, and requested the members to come prepared to follow up with a discussion, giving their experience as to treatment, etc.

*Stated Meeting, March 3d, 1868.*

Dr. JOHN BURKE, President, in the chair.

Dr. O'SULLIVAN informed the meeting that he had received a communication from Dr. V. H. TALIAFERRO, Secretary of the Columbus, Ga., Medical Society, requesting to be informed what action had been taken by the East River Medical Association, in the matter of the unauthorized repetition of prescriptions, etc., and stating that the medical society of which he was secretary, had taken similar steps some time ago, but without any decided success, as the majority of the druggists refused to consent; but seeing in the Philadelphia MEDICAL AND SURGICAL REPORTER of January 4th, 1868, a report of some of the proceedings of the association on the subject, he asked for further information, and in accordance with this request, he had placed the matter in the hands of the secretary.

Dr. PURCELL said he had sent on to Dr. TALIAFERRO, a complete history of the proceedings from the beginning, enclosing a copy of the resolutions, and mentioned that he had also received a communication from Dr. DALY of ———, asking for information on the same subject, and which he had answered in like manner.

Dr. A. W. STEIN read the following paper on  
**Constipation,**

*Its Causes, Symptoms, and Treatment.* The general acceptance of the term constipation, indicates a condition of the bowels in which the evacuations are less frequent than in health, inordinately hard, less in quantity, and with difficulty expelled.

Some authors describe this affection under three distinct heads: viz., costiveness, constipation, and intestinal obstruction.

For practical purposes, however, the distinction between costiveness and constipation is unnecessary, inasmuch as the essential difference depends upon the duration and severity of the affection. Therefore we will recognize but two varieties, viz., constipation and obstruction.

In deciding as to the existence of constipation in any particular case, it is always proper to inquire into the frequency of the alvine evacuations in perfect health, for it is well known that this act differs in different individuals, and also in the same person at different periods; this depending in all probability upon the powers of digestion; sensibility of the intestinal tract, especially the colon and rectum, and upon the quantity of refuse matters furnished by the food.

The most common frequency of this act in adults is once in twenty-four hours. There are, however, many exceptions to this rule, for while some have two evacuations daily, with others two or three days elapse without a renewal of this want, and yet this condition often co-exists with apparent health.

In this connection it is also well to remember, that, notwithstanding a person may have regular evacuations, with regard to the period of their recurrence, the discharges may be of insufficient quantity, and a portion of the matter is thus retained, and accumulations insensibly take place.

The causes of this affection are numerous, and not always easily determined.

It is often concomitant with remote disease. If idiopathic, it will be due either to some functional derangement, or mechanical obstruction. With reference to the first, I would mention principally those which tend to impair the peristaltic movements of the intestines, by weakening the contractibility of its muscular fibres, namely, a deficient or abnormal secretion from the gland of the alimentary canal and its accessory organs—the astringent nature of certain ingesta—an habitual neglect or inattention to the demands of nature—a frequent use of cathartics by which the sensibility of the canal becomes exhausted—sedentary life—nervous influences, etc.

As to the frequency of these causes respectively, I believe that in the majority of cases, at least as far as my observation extends, those due to habitual neglect stand first on the list, and are the most intractable, both as regards their duration and treatment.

Mechanical impediments to the passage of the alvine contents may be either intrinsic, such as the presence of impacted feces, strictures, intussusceptions, twists, etc.; or extrinsic, as the encroachment of tumors on the calibre of the intestines, such as frequently obtains in pregnancy, owing to the enlarged condition of the uterus; ovarian tumors, etc.

The symptoms of this affection will, of course, depend upon the severity of the case.

The retention of fecal matters in the large intestines is often followed by retention in the blood, of substances which it is the province of the bowels to eliminate, and also by the introduction into the circulation of much that otherwise would have been excrementitious, thus favoring the development of the diversity of ills which constipation is noted for.

Independent of the inactivity of the bowels with difficult evacuations, the following are the prominent symptoms. Headache, vertigo, defective appetite, gastric derangements, furred tongue, offensive breath, sallow complexion, cold feet and hands, palpitation of the heart, neuralgia and colicky pains, flatulence, and borborygmi.

From the fact that these symptoms appear insidiously, occasioning at first but little inconvenience, they are frequently overlooked, and thus alvine matters continue to collect, diminishing more and more the susceptibility of the colon to the influence of its natural stimulus, until it loses entirely its power of salutary reaction.

The rectum becomes distended and impacted, and its muscular coat often paralyzed to such a degree, as to render it inadequate to expel the indurated mass.

The injurious effects of over-distension of the colon, by exercising pressure upon the neighboring blood-vessels, nerves and ureters, is manifested by the occurrence of hemorrhoids, varicose veins, cedema of the lower extremities, pains in the loins and down the thighs—disorder of the urinary organs, and many other ills, which it would require more time than is allotted me to enumerate.

Perhaps I should have stated as a point of diagnostic value, that it has been observed in cases of obstruction due to undigested aliment, that the seat of impediment is often at the termination of the small intestines, and in such cases the symptoms closely resemble strangulated hernia.

The treatment must be relevant to the cause, which must necessarily be removed, ere recovery can be expected.

The indications for treatment in cases of torpid function of the colon, consists,

*First.* In removing the retained matters.

*Second.* In restoring to the bowels their natural energy, and obviating, (if possible) a recurrence of the cause.

The first can be accomplished by cathartics which tend either by their eliminative action, or local irritation, or both, to increase the secretion from the inner surface of the bowels, excite peristaltic contractions, and thus cause the ejection of the contents. The second indication will usually be fulfilled by the administration of tonics, attention to general hygienic means, and occasionally the use of cold water enemata.

In cases of habitual constipation, I always endeavor to impress upon my patients the paramount importance of this advice—that as they accustom themselves to stated hours for their meals—so should they with equal regularity, habituate themselves to having evacuations every day at a particular hour, and although they may at first have no inclination, nature will, if at all encouraged, perform her functions with perfect regularity.

It is important in this, as in other forms of constipation, to regulate the diet, which should be of easy digestion, not likely to yield a large amount of residual matter, not of an astringent, but rather of a relaxing nature.

The frequent recourse to cathartics is to be deprecated, for the reason that the bowels soon becoming accustomed to this artificial stimulus, and will not act without it; yet, a judicious employment of laxatives in the beginning of treatment is not infrequently indispensable. They should always be taken upon an empty stomach; either at night when going to bed, or in the morning, a half an hour or an hour before breakfast. They will thus act more readily, and with less unpleasantness to the patient, a glass of cold water or some ripe fruit, taken before breakfast, will often act in a salutary manner upon the bowels. Belladonna is undoubtedly a remedy of very great value in constipation. I have been so pleased with its effects in many instances, that it has become almost a routine with me to prescribe it in this affection. Its action is always gentle and constant, which is a great desideratum, especially in the treatment of habitual constipation.

Dr. ALEXANDER FLEMING, of Queen's Hospital, Birmingham, in an article upon "The use of Atropia and of Galvanism in Constipation," very plausibly explains the *modus operandi* of atropia—which I think applies as well to belladonna—

as follows: He believes that the drying qualities of atropia deprives the intestinal mucous membrane of its natural coating of mucus, and the irritation caused by the contents of the canal when its surface is thus unprotected, provokes more prompt and vigorous contractile action.

"Secondly, atropia constricts the smaller arteries; and we can understand that a gut dormant and paralyzed by distension is the subject of passive congestion, the continuance of which will continue to maintain its state of inertia. Atropia acting on the arteries checks the supply of blood to the bowel, relieves the congested muscle, and thus facilitates its return to healthy action."

Galvanism is highly extolled by Dr. FLEMING and others. I am not prepared to report at present upon its effects. It is true, however, that galvanism applied in the manner usually directed, will, through the medium of the sympathetic system of nerves supplying the intestinal canal, excite vermicular movement, and in that way, if in no other, prove a valuable agent in many cases.

These means, when properly carried out, will in most idiopathic cases affect a permanent cure. In inveterate cases, however, where the lower bowel is obstructed with impacted feces, it will often become necessary to remove them by mechanical means, before attempting other measures. The diagnosis of constipation, especially when of long continuance, is sometimes very difficult, and liable to completely deceive both patient and physician. I was consulted some time ago by a gentleman, who told me that for a period of over twenty years he had suffered from pain in the lumbar region, of more or less intensity. At times his sufferings became so severe as to be almost unendurable; his general health otherwise seemed good. I recommended counter-irritation, liniments, etc., but without any effect. I was completely puzzled. At last I determined to try the effects of a powerful cathartic, and the consequence was the evacuation of an almost incredible quantity of hardened fecal matter, and complete and permanent relief from pain.

Dr. MORSE said, where all other means had failed to overcome obstinate constipation, he found charcoal of benefit, and in reference to the constipation of infants, which always causes so much trouble, he is in the habit of giving corn starch twice a day, with decided success, when medicine failed.

Dr. BURKE said, he always gives belladonna in habitual obstinate constipation, believing the

muscular coat of the intestines to be contracted by spasm; he judged also that congestion formed one of the concomitants of obstinate constipation, both of which are relieved by the action of the atropia.

He attended a man suffering from constipation, who, at the time he saw him, had been three weeks without a movement of the bowels, and during that time had been dosing himself with various cathartic remedies without effect. Administered belladonna, one-third of a grain, every two hours, until the pupils were affected. Copious evacuations were induced, and the patient recovered.

In sciatica he always commenced the treatment by giving cathartics, Croton oil, etc., before giving the potass. iod.

Dr. NEWMAN said he has been in the habit of using belladonna in obstinate constipation for many years past. He found it of especial benefit in the constipation of peritonitis, etc. Gives it combined with opium.

Dr. MONTROSS L. SMITH said he found women who suffered much from constipation were in the habit of dosing themselves with large quantities of cathartic remedies. In such cases he found great benefit from combining from one-sixteenth to one-twentieth of a grain of strychnia with a little blue mass, or rhubarb, or aloe pill.

Dr. ACHESON found in a large dispensary practice, constipation to prevail among certain classes; for instance, Americans; and among the foreign population, the Irish generally required a good cleaning out before treatment, owing probably to the amount of solid food indulged in; while, on the contrary, the Germans are rarely constipated, from the sloppy nature of their food.

A person may have an evacuation every day, and still have the bowels loaded with feces. He had been called to see two persons with bilious fever, who had been under homœopathic treatment, with no effect. Gave calomel, and opium, and castor oil. The patients recovered, without any trouble, after copious evacuations.

Dr. O'SULLIVAN closed the discussion with a few appropriate remarks, when the meeting adjourned.

#### Warmth of the Snow Blanket.

Much controversy has existed as to the warmth imparted to the earth by a covering of snow, until M. BOUSSINGAULT, during the winter of 1841-2, found that a thermometer plunged in snow to the depth of a decimeter (about four inches) sometimes marked nine degrees of heat greater than at the surface.

## EDITORIAL DEPARTMENT.

## Periscope.

## Liquid Oxysulphate of Iron.

Dr. J. R. BLACK says, in the *Lancet and Observer*: "In 1863, an old physician of Tennessee, in return for some civilities, handed me the following *recipe* for what he termed the 'Liquid Oxysulphate of Iron,' which he highly lauded, and said that it had been a great favorite with the few physicians who had knowledge of it. Five years' use of it in my practice fully confirms the favorable estimate of its qualities, which it gives me pleasure to communicate and make public.

R.	Ferri sulph.,	℥ij.	
	Acid nitric,	f.℥ij.	
	Aquæ distil,	f.℥jss.	M.

"Rub the sulphate with the acid slowly in a mortar, gradually add the water after the sulphate is all dissolved, and filter through paper. Dose, from six to twelve drops, in water or quassia infusion.

"I have found this preparation to be one of singular efficacy, in a majority of cases, where iron is indicated. It is also an excellent appetizer, and the most palatable of all the ferruginous preparations. In the proportion of ℥jss. of the liquid to ℥jss. of water, its taste precisely resembles that of alum. But substituting simple syrup for the water, the flavor is seldom objected to, even by the most fastidious. When thus mixed, the dose is a teaspoonful. Besides, it is cheap, easily made, and, with quinine, makes a beautiful clear solution, and a tonic unsurpassed. Those who will use this preparation once, will never feel like again resorting to the so-called elixirs of iron."

## Aqua Nicotians.

Dr. J. S. UNZIKER, of Cincinnati, in the *Lancet and Observer*, gives the following recipe for this preparation:

"Take of fresh green tobacco leaves eight pounds, cut them, and add alcohol one and a half pounds; water sufficient; mix and distil eight pounds.

"Care must be taken that the leaves do not become heated by being tied up in bundles, as this would impair the preparation and impart to it the odor of tobacco. The leaves should be taken just before the plant begins to bloom, and should then be worked up as soon as possible; for when the leaves once become spotted, the

preparation assumes more or less the poisonous effects of dried tobacco, which is not the case if freshly prepared.

"This remedy was first introduced in Germany by Dr. J. G. RADEMACHER, and if prepared, as above stated, can be given with perfect safety to the smallest child, without any one of the injurious effects produced by dried tobacco. From this I judge that nicotin is not developed and communicated to the distillation as long as the leaves are fresh. For the last eighteen years I have used the aqua nicotianæ with the best results, in the first stages of pneumonia and fevers generally. It reduces the pulse promptly, at the same time acting as a strong diaphoretic, making it especially adaptable to all fevers originating from colds. But where the tongue is dry, or becomes so after taking it—which is rarely the case—it must be omitted. Its action on the spine and cerebellum is also remarkable. In fevers of children, where diarrhoea is present, and the brain more or less implicated, and opiates inadmissible, it gives prompt relief by reducing the fever, promoting the action of the skin, and gradually checking the diarrhoea, and removing all cerebral symptoms. The dose for adults is from ℥ss.—℥j. every hour or two, and may, with advantage, be given in the form of a mixture, in combination with nitrate of soda, acetate of potassa or bi-carbonate of soda."

## On the Treatment of Poisoning by the Cobra.

Before I venture to enter on the consideration of the cause of death, and *modus operandi* of the poison, occurring from the bite of the cobra de capello, communications on which subject are invited by Dr. SHORR, of India, I will relate a case of a man bitten by a cobra some years ago, and whose recovery took place by the adoption of the following treatment: A horse-keeper in the service of the late Dr. SPILSBURY, Physician-General of Calcutta, was bitten by a cobra. Dr. SPILSBURY at the time was stationed at Jubulpoor, in Central India. The Doctor, on being informed of the accident, instantly ordered his horse to be harnessed and put to the buggy. He directed that the man's hands should be tied to the back of the gig; and when this was done, he mounted it, and drove the horse steadily for a distance of several miles, the man running behind him. On arriving at Jubulpoor the man's body was bathed in the most profuse perspiration, and he was almost powerless from excessive fatigue. Dr. SPILSBURY then administered repeated doses, at regular intervals, of eau de luce, keeping the man in constant gentle exercise.



After a few hours he was out of all danger, and recovered from the bite. This man's life was doubtless saved by maintaining, by *continuous* and *forced* exercise, the action of his heart and lungs, and thus preventing the paralyzing influence of the poison upon those organs, and, at the same time, causing his skin to act so profusely as to make it the eliminating channel for discharging the poison from the system.—PETER HOOD, M.D., in *The Lancet*.

## Reviews and Book Notices.

### NOTES ON BOOKS.

We have previously stated that the Imperial Library in Paris—the largest in the world, was making a catalogue of all the medical works it contains. The second volume of this important production has appeared.

The following *brochures* have been received: "Intemperance: its Causes and Cure. A lecture delivered before the Zanesville Lodge of Good Templars, by Col. JOHN G. F. HOLSTON, A. M., M. D., Zanesville, Ohio, 1868." We hope the address found attentive listeners and helped to increase the organization.

"Money. By GEO. S. LANG, Phila. 1868." The topic is one of the deepest interest, though, alas! an editor is obliged to have less to do with it than he wishes.

"Constitution and By-Laws of the Camden City Dispensary. Camden, 1868." An excellent charity.

"Fifty-fourth Annual Report of the Trustees of the Massachusetts General Hospital, 1867. Boston, 1868." The most interesting portion of this pamphlet is the Report of Dr. JOHN E. TYLER, Superintendent of the McLean Hospital for the Insane. Dr. TYLER during the past year visited many of the establishments for the insane in Europe, and gives a description of their merits and demerits, which will be found very instructive and also very entertaining.

*Ambulance and Sanitary Material*, forming part of a Report on Class XI, Group II, Paris Exposition, 1867; prepared by THOS. W. EVANS, M. D., Paris, 1867. Pamphlet, 8vo., pp 31.

*History and Description of an Ambulance Wagon*, constructed in accordance with plans furnished by the Writer. By THOMAS W. EVANS, M. D., Paris, 1868. Pamphlet, pp., 34. Published for private distribution.

The great attention which Dr. EVANS has paid to the sanitary science of armies is well known to

all who have read the accounts of the Paris Exposition last year. The Collection EVANS in that immense assemblage of the devices of human art was unsurpassed and unique. It may be said to have illustrated the best phases of modern civilization more vividly than any of the millions of other objects which were there displayed. In it was exhibited the results of philanthropic effort to mitigate the horrors of war and to relieve the sufferings of wounded and captive enemies.

With Dr. EVANS this was a labor of love. He had no axe to grind, no patent medicine chest or dietetic preparation to dispose of, no position in any Sanitary Commission to intrigue for. He wished by collection, study, and comparison, to improve still further the means of relief for the sick and wounded soldier.

In the first of the above mentioned pamphlets, is a brief review of the objects displayed in the Exhibition in the group of "Ambulance and Sanitary Material." It contains a very just estimate of the relative value of the various articles exhibited.

The second pamphlet describes a new model of an ambulance wagon devised by Dr. EVANS himself, who had studied with care the different varieties used in Europe and in our late war. The ambulance he proposes, is in general appearance closely similar to those so familiar to most of our readers, being as its inventor says, "decidedly American in type." The differences consist in having steel springs set in the floor, eight in number, placed to correspond with the iron wheels of the mattresses which are run in upon them; in the attendant's seats, which are made to unfold from the rear of the wagon, allowing two attendants to sit sidewise; in having suspension loops or straps of caoutchouc placed in such a manner that two litters containing wounded can be safely suspended over those lying on the mattresses; and in several minor accessories. The plan seems a very good one, and only one criticism occurs to us. The hind-wheels are four feet five inches in diameter; the fore-wheels three feet and one half inch in diameter. Though this facilitates turning, it very much increases the draught, and we believe that if Dr. EVANS had witnessed ambulances ploughing through Virginia mud to the extent of some of us, he would not recommend anything in the construction to increase the strain on the animals, even if it did offer some advantage in good roads. On the march, an ambulance always has the worst of the road, for it must follow the ordnance, and too often the supply trains.

## Medical and Surgical Reporter.

PHILADELPHIA, APRIL 4, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### WANTED.

**WANTED.** The following numbers of the MEDICAL AND SURGICAL REPORTER are very much needed at our office. For all of them we will credit ONE DOLLAR on subscription, or ten cents a copy for less than the whole. Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559, 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, both dates included.

### CONTAGION.

The mysterious something with which the pestilence strikes us at noonday, and which poisons the atmosphere of the sick-room, is beginning to be better understood since the microscope has been devoted to the study of pathology. We begin to perceive once again the great truth, that it is not death that kills us, but that it is life in lower, gaining the victory over life in higher forms; in other words, that those effects which have long been talked of under the names *infection* and *contagion*, are in fact produced by the reproduction of innumerable organized vegetable existences, extremely minute, and endowed with the faculty of increasing with inconceivable rapidity. It is doubtful whether they are propagated by cells, for the time-honored doctrine, *omnis cellula e cellula*, has received some hard knocks lately. More likely, free nucleoli, germinal masses, small beyond all calculation, light as air, capable of remaining dormant for an indefinite period, but capable likewise, under favoring circumstances, of immediate development into cells and plants, and of infinite reproduction, float in the atmosphere, adhere to the clothing, and cling to the person of the sick.

Whether, as Professor SALISBURY imagines, this is true even of the syphilitic virus and the gonorrhœal discharge, whether, as other writers have maintained, the poison ejected by the rattlesnake and the cobra da capello, are all endowed with their toxic properties by the presence of such minute organism, microscopical science has as yet not pronounced positively. But that cholera, small-pox, the vaccine lymph, and typhus,

exert their influence on the body by this means, is, we may say, about proven.

The examination of injections in cholera and cholerine reveals an infinity of microscopic vegetable growths which are now generally recognized to be the cause of the disease. This discovery was made simultaneously by Dr. KLOB, of Vienna, and Dr. THOMÉ. Those species of low vegetable forms, called by botanists mucor, penicellium, and mycelium, bear a very close resemblance to the cholera-plant, and it has been suggested by Dr. HALLIER, one of the students who have extended our knowledge of the subject, that under certain climatic influences the cholera-plant may in fact degenerate into them. The wonderful transformations which science has already shown to be common in the lowest forms of animals and plants, transformations not less strange and incredible than those which, in the Arabian Nights, are legended to have proceeded from the touch of the sorcerer's wand, give us no cause to reject this supposition.

In the lymph derived from small-pox pustules and vaccination, some late observers have shown a self-reproducing agency is at work, evidently of analogous character. If the purest transparent lymph is preserved in a capillary glass tube, under favorable circumstances it will be seen to gradually become cloudy. Strings or bands of whitish-looking substance will be seen to extend through it. Beneath a powerful microscope this proves to be a cell formation, a veritable growth in fact. Indeed, if the most transparent fresh lymph is critically studied, these light clouds can be found. These were seen as early as 1846, by G. SIMON, and described in MÜLLER's *Archiv* for that year, but by him were supposed to be pus cells. They have lately been examined by Dr. F. KLEBER, of Dantzic, (VIRCHOW's *Archiv*, February, 1868,) who claims that as far back as 1854, he had held the opinion that they were living independent bodies.

Some experiments with them are described by Dr. H. SCHURTZ, of Zwickau, in the *Archiv der Heilkunde* for January, 1868. He took a little of the vaccine lymph, and taking fresh pure serum from a blister, succeeded in propagating

the vegetable organism of small-pox. It resembles the micrococcus, and he thinks that it is close to mushroom forms of vegetables known as *ustilaginea* and *uredinea*. Dr. SCHURTZ likewise thinks he has discovered a similar microscopic plant which causes scarlatina.

We mention these discoveries not only because they have great interest in themselves, but because they give some valuable hints for the rational treatment of contagious disease. If cholera, for which we have no rational treatment at present, arises from the cholera plant, then remedies calculated to destroy the lower forms of vegetable life are indicated. Such are undoubtedly the sulphites; and the experiment would be worth trying, whether these in large quantities would not restrain its symptoms.

It gives us a hint, too, by which we can direct our search when casting about for new remedies; it perhaps promises that after a while we can do better than fold our hands before a case of fever and say, "Fever can never be cured," as one of our cotemporaries has lately asserted. It further enlightens us in reference to the action and choice of disinfectants, and suggests where we can obtain those which are really the most efficacious, proving the superficiality of that view occasionally maintained, which pretends that all disinfectants are merely deodorants.

#### THE PHILADELPHIA ORTHOPÆDIC HOSPITAL.

There is a large class of diseases freedom from which comes from itself in time, and there is another class, also large, freedom from which can only be bought at considerable outlay of money. These latter, therefore, are peculiarly objects of charity; they appeal with the greatest force to our benevolence; and here more than anywhere, should wealth be willing to extend the helping hand. This class chiefly includes bodily deformities of various kinds, which can only be remedied by complicated and costly apparatus. They come within the province of orthopædic surgery.

Therefore we mention with the greater

pleasure, that in this city a hospital has been recently incorporated, and has now actually commenced operations, devoted to the interests of this class of patients. In the Board of managers, are some of our best known and highly respected citizens, in whose judgment and integrity the public can place implicit confidence. The consulting surgeons are Professor S. D. GROSS and Dr. G. W. NORRIS; the attending surgeons Drs. T. G. MORTON, D. H. AGNEW, H. E. GOODMAN and S. W. GROSS, gentlemen whose skill in this department of chirurgical science needs no encomiums from us.

The establishment is at present located at 15 South Ninth street, opposite the University of Pennsylvania. A daily clinic is held from twelve to one, when advice and treatment are furnished gratuitously to those unable to pay. The circular of the institution says:

"The classes of cases which it is contemplated to treat, include club-foot, hip and spinal diseases, and bodily deformities in general; it may be added, cases which appeal most forcibly to the aid and sympathy of the community."

Contributions in aid of the hospital, it is added, may be sent to the Treasurer of the Board, JOS. C. TURNPENNY, No. 813 Spruce street.

Philadelphia was not without charities previously for the relief of such sufferers. The wards of the venerable Pennsylvania Hospital and of the Philadelphia Hospital, were always opened gratuitously to them to the extent of their accommodations; and the late JAMES WILLS of honored memory, left a handsome monument to his own philanthropy, in the hospital called by his name "for the relief of the indigent blind and lame." But in a city of the size of Philadelphia, there is abundant room for another foundation, devoted especially to the care of physical deformity, and doubtless the division of labor which is thus obtained, will be the means of producing more perfect work, and also in relieving a larger amount of suffering.

Like most inchoate undertakings, the Orthopædic Hospital has had its difficulties to contend with, but we are assured that they have been successfully encountered, and

that every arrangement has been made to secure a harmonious working of the institution. May it prosper as it deserves, and prove one of those ornaments to our city, which allow us to boast of it with a pardonable pride.

## Notes and Comments.

### Ophthalmology.

To enable the Committee on Ophthalmology to present as comprehensive a report as possible, at the meeting of the American Medical Association, to be held in May next, at Washington, D. C., the following queries have been addressed to those interested.

1st. What Medical Colleges, or Departments, have a Professorship, or Lectureship, *specially* devoted to Ophthalmology?

2d. What Hospitals, or Infirmarys, are *wholly*, or have a Department, *specially* devoted to Disease of the Eye?

3d. What Colleges, Medical Departments, Hospitals, or Infirmarys, have Clinical Lectures or Teaching, *specially* devoted to the eye?

4th. How many Asylums are there for the Blind, and where located? How many inmates have they, and can they accommodate. Answers to these queries and any other information on Ophthalmology may be addressed to Dr. Jos. S. HILDRETH, 159 Michigan Av., Chicago, Ill.

### Russian Military Surgeons.

The condition of things in the medical staff of the army of the Czar, must be anything but fortunate for the sick, if the following story clipped from a German paper be correct.

"The death is announced of a man in St. Petersburg, whose career well illustrates the characteristics of Russian service. He had never studied medicine, and never passed an examination, yet nevertheless was a military surgeon of high grade and a member of council, besides having his coat adorned with numerous orders. Chance had placed him in possession of a diploma, and the testimonials of a deceased relative, a physician, and these alleged to be his own, admitted him to the army, first in the Caucasus, then in St. Petersburg. He managed to avoid as much as possible the treatment of the sick. Once he told his superior officer that he was particularly unlucky with his cases, and as this proved to be true, and as he had considerable executive ability, he was assigned to bureau duty. On one

occasion, he gave all his patients a full dose of castor oil, and led his confrères to imagine the type of disease had suddenly changed."

Yet an instance nearly similar, if we are rightly informed, took place in our own war. A barber in New Jersey, without a diploma, and knowing little more medicine than is required in the exercise of his craft, became a Surgeon U. S. Vols., without any real examination, held various positions of trust and honor, and is now living as a full blown M. D. He was nearly all the time on bureau duty, and thus avoided operations very successfully.

### A Golden Wedding.

Dr. GEORGE W. BRADFORD and his wife, on the 17th of March, celebrated the *fiftieth* anniversary of their marriage, at their residence in the village of Homer, N. Y.

For nearly fifty years the Doctor has been an active practitioner in his profession, and nearly all this time in Homer, settling there when the country was comparatively new and sparsely populated.

Dr. BRADFORD during the active period of his life, was a prominent and useful member of the N. Y. State Medical Society, and for many years was a member of the State Legislature, where he exerted his influence in behalf of sanitary reform, and in the interest of the medical profession of the State.

### "A Common Scold."

On many of our statute books will be found some old laws for the punishment of "common scolds." It was women usually, who suffered the penalties for the transgression of this law, and some of the forms of punishment were very disagreeable and even painful. These consisted of the pillory, the ducking stool, and various kinds of head gears, bridles, or restraints intended to confine the tongue, giving the unfortunate subject of the punishment a very uncomfortable and ludicrous appearance. We have not the slightest doubt that in most of the cases the unfortunate victims were really insane, and needed a very different kind of restraint and treatment from that resorted to.

The following item we find in a western paper:

"CORA JAMES, alias SAMANTHA PROCTOR, was arrested in St. Louis yesterday, on the charge of being a common scold, and in default of bail was sent to prison."

It occurs to us whether this is not the same person who has been a "thorn in the side" to Dr. McFARLAND, Superintendent of the Illinois State Hospital for the Insane, causing him and



the Legislature of that State a great deal of trouble with a very slight foundation. If so, "insanity" would probably much more truthfully describe her case than "common scold."

We notice that she was sentenced to six months' imprisonment as a "common scold."

## Correspondence.

### DOMESTIC.

#### Surgeons on Railways.

EDITORS MEDICAL AND SURGICAL REPORTER:

In a recent issue, you ask for some information concerning "the plan and its workings," of the appointment of Surgeons on the A. & G. W. R. R.

Before closing your article you say, "it is well known that the public is indebted to Dr. ARNOLD, for urging this matter upon the attention of railway corporations," thereby showing that you are prepossessed in favor of the *plan*, by information already in your possession.

I propose briefly to answer some of your interrogatories, and close by proposing one or two in turn to you.

The Surgeon in Chief of the Road, is J. T. RAY, M. D., of Meadville, Pa., who has appointed subordinates at all the principal points along the road from Dayton to Salamanca, whose duties have been well explained by another correspondent.

These surgeons as far as I am aware, are upright, honorable members of the profession.

The workings: Circulars were distributed in all the shops, giving the names of all the Company Surgeons, and requiring employees to send for these surgeons in case of need, as the bills of none others would be paid by the Company.

No considerable class of persons will employ the same physician, where there are others equally good, unless compelled to do so, and those compelled against their will find frequent cause of complaint against the surgeon for neglect, etc., where probably none exists but in their own imaginations.

The plan and its workings is in reality precisely similar, though on a larger scale, to that of hiring a family physician by the year, in order to obtain his services at a reduced compensation, a practice discouraged by all medical associations of regular physicians, as far as my knowledge extends.

In what particular the public or the profession is indebted to Doctor ARNOLD for his original suggestion, I am at a loss to understand. I can more readily comprehend, however, why Railway

Corporations should hasten a fortune on the Doctor, and permit him to retire and enjoy that ease few physicians ever experience.

Although it is conceded that the Company surgeons are fully competent in case of an accident to give necessary assistance to the unfortunate sufferers, yet it would be assuming more than the Company or their surgeons would dare, to assert that there are not other surgeons at all those points equally competent, and equally prompt and willing to serve the public in case of an emergency.

But enough, and to my questions.

There are many surgeons on the line of the Road who would be gratified at having the following points determined by competent authority, and who would abide your judgment in the matter.

Does Sec. VI. of Art. V., of the National Code, apply to surgical cases on the Road? Or, in other words, if an outsider adjust a fracture and apply apparatus, in the absence of the Company Surgeon, must he relinquish the subsequent treatment on which so much of the success of the "setting" depends, to the surgeon of the Road on his return? If so, how much of legal responsibility attaches to the first surgeon in case of non-union?

Is it, or is it not somewhat humiliating for an old surgeon to be compelled by a corporation to refer his bills to be audited and approved to a young competitor, in the same town or city, however honorable the competition or generous the award?

AN "OUT."

#### Ascites Cured by Tapping.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I send you a short statement of a perfect cure of an immense ascites by a single tapping.

Mrs. Huey, wife of Samuel H., of Fayette County, Pa., apparently a strong healthy woman above the medium size, had been married for several years, had no children; noticed the abdomen enlarging in the year 1856, and she and her friends supposed for a year that she might be pregnant, but the enlargement continued gradually to increase for eight or nine years. The general health quite good for six or seven years, when she began to suffer constitutional disorder, produced chiefly by the pressure of the fluid on the viscera. In March, 1865, I was requested to visit her. She had never been medicated. I found the abdomen so distended that I considered it utterly useless to attempt to get rid of the fluid by medication, and told them so, and proposed to tap, and then prescribe to prevent refilling if possible. She preferred to try

some medicine; for a short time I gave the hydragogue cathartics and diuretics, of various kinds, with little or no benefit, and on the 25th of June, 1865, in company with my son, Dr. H. S. LINDLEY, we performed the operation of paracentesis, and drew off sixty-six (66) pounds of fluid, which we carefully weighed, and the husband thinks he spilled at least two or three pounds in handling the fluid before weighing. We bandaged well, gave some cordials to relieve the sinking faintness, and left the case to the vis medicatrix naturæ—expecting that the abdomen would soon fill again. But we were agreeably disappointed. She recovered perfect health, and to-day is as healthy a woman as there is in the neighborhood. She is about forty years of age at present.

L. LINDLEY, M.D.

Connellsville, Pa., March 7th, 1868.

#### A Case in Practice.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

I send the following reflections on a case in practice.

Mrs. H., primipara; aged about 18 years. A healthy woman. Was confined January 14th, 1868; a daughter. No medical attendant. Had an easy time, did well.

On the morning of 28th had exposed herself by walking with bare feet on the matting; and making fire in her night dress. Evening: insisted on making biscuit for tea; was not permitted.

About midnight was taken with chills, purging, vomiting, pain in the head and back, especially the back.

29th, 7, A. M. Was called in. On entering the room where she lay, her first remark was "how black you all are!" On raising her hand to have her pulse felt, she said, "how black my hand is?" Being asked, she recognized me, and again exclaimed, "how black you all are!" This, I think, was the last time she spoke voluntarily, though she retained her consciousness, more and more impaired until about midday.

*Symptoms.* Rigors, pain in the back and head, eyes bloodshot; pupils about natural; breath somewhat fetid; vomiting a small amount of dark green matter; purging about ceased; stomach acid; tongue furred, white coat; skin dry, but not hot. Breathing 35 per minute; pulse 110; weak.

*Diagnosis.* Congestion of the brain, with puerperal poisoning; prognosis very unfavorable.

*Treatment.* Sinapisms to the whole extent of the abdomen, and calves of legs, with moist heat to the whole surface; ice water to the head. R.

carb. potass. 10 grs. calomel 10 grs. gum camph. grs. 3. M. Divide into three powders; take one every hour. Also 5 grs. of pulv. DOVERI, 3 grs. calomel at 11 o'clock.

*Midday.* Worse. Breath more fetid; breathing 40 per minute. Pulse 120 per minute weaker. Consultation asked in hopes a radical change of treatment would be suggested or sanctioned; diagnosis confirmed.

*Treatment.* Two grains of calomel every two hours. Sinapisms to abdomen and legs continued; moist heat continued; ice water continued to head; blister to back of neck.

I should have said that the skin was now warm and moist, and the patient nearly unconscious.

9, P. M. Had a copious, very fetid, involuntary evacuation; passed urine. Breath very fetid; could not examine the tongue. Breathing 50 per minute; pulse too fast and thready to count. Feeling that I could do absolutely nothing, I dressed the blister which had filled well, and continued the treatment, except sinapisms.

2, A. M. 30th. Died. Being satisfied with the diagnosis, an autopsy was not asked for.

I have given the details somewhat at length, in order to ask some questions and make some remarks.

And first. Must such things be, and we not able to assist nature?

Suppose that I had so far turned my back on the orthodox plan of treatment, as to have given chloroform in half drachm doses every two hours, alternating with tr. fer. chlor., 20 drops, and added calomel 2 grs. every two hours, would not the treatment have been more rational and better? Of course the sinapisms, moist heat, ice-water, etc., should have been continued.

I would use chloroform because of its sedative and antiseptic properties. The tinct. fer. chlor. as a tonic and a zymotic remedy; and the calomel to eliminate the poison from the system.

What say others? G. P. BISSELL, M.D.

Washington Territory.

#### Spontaneous Dislocation of Shoulder-Joint.

EDITORS MEDICAL AND SURGICAL REPORTER:

I met with a case of spontaneous dislocation of the shoulder-joint of fifty-two (52) years standing, which is of interest from the fact of the rarity of this form, the subject being in a rancho near this post.

Ephraim Thompson, aged sixty (60) years of a healthy and strong constitution, had an attack of rubeola when eight (8) years of age; while convalescing, had paralysis of motor nerves

of both arms; sensation was unimpaired. This continued for six (6) months, when he gradually regained use of right arm; the left arm, at the same time, falling out of its place, (as he says, "because the measles went into his joint.") Never had any pain or disease of the joint previously or since. Motion was perfect when the arm was lifted by another person. The left arm is one and one-half ( $1\frac{1}{2}$ ) inches longer than the right, measuring from the tip of the acromion to the styloid process of the radius, although the right arm hangs lower, as that shoulder is greatly depressed from excess of use of that arm. The head of the bone has passed inward, downward, and slightly forward, can be seen and felt in that position, as atrophy of the muscles of the joint and arm is extreme, and can be readily rotated. The forearm is much better developed, as he can use his hand, and steady an axe while chopping wood with the right. The brachial plexus of nerves do not appear to be interfered with. It is evidently a case of spontaneous dislocation produced by a paralytic condition of the capsular muscles, a rare form of dislocation, according to authorities.

The above facts relative to the early history, I feel sure are correct in the main.

I. FRAZER BOUGHTER,  
Act'g Asst Surgeon U. S. A.

Fort Dakota, D. T., Feb. 25, 1868.

## News and Miscellany.

### MEDICAL COLLEGE COMMENCEMENTS.

#### NEW YORK COLLEGE OF DENTISTRY.

The annual commencement of this college took place on the 20th of March, in the large hall of the Cooper Institute. An audience of over two thousand persons were present, and Dodworth's orchestral band enlivened the intermissions. Professor KINGSLEY, the Dean of the Faculty, read the report, from which it appeared that sixty students had attended the course of this young institution, which embraces, besides lectures on chemistry, anatomy, physiology, work in the laboratory and dissecting room, a complete training in practical dentistry, by the aid of the college infirmary, where during the past year nearly two thousand teeth had been filled, and more than two hundred sets manufactured by the students under the supervision of the Clinical Board of Instruction and the Consulting Board to the Infirmary, which boards consist of over thirty of the most prominent dentists in

New York. The report stated that the Faculty of the College had placed the standard of requirements to obtain the degree of Doctor of Dental Surgery by the New York Dental College very high; that the graduates had been submitted to a very rigid examination by the faculty, and also by the Clinical Board of Instruction, and could not pass when not giving perfect satisfaction to both boards; that consequently, several had been refused, and have to continue their studies, and only nine have been promoted. Their names are,

*New York*—Henry F. Blakeney, William Carr, Henry Dodin, Francis M. Odell, Sanford C. Barnum.

*England*—W. P. Ballard.

*Michigan*—James Parsons.

*Massachusetts*—J. Albert Kimbal.

*South Carolina*—W. C. Wardlaw, M. D.

The Faculty has also resolved under no circumstance to confer any degree but on students of the College, and only on those who faithfully attend the prescribed course, and fully come up to the requirements of rigid examination; as it is the intention to raise the status of the dental profession, and not to increase the number of inferior practitioners, as is unfortunately the case with some medical colleges.

The President, Prof. ELEAZER PARMLY, M. D., F. C. D., made some appropriate remarks, and was followed by Professor E. J. DUNNING and R. J. HITCHCOCK, D. D., who both dilated upon the great public benefits to be derived from dentistry, and from the development and progress of this branch of the surgical science and art, and proved the beneficial influence of its advancement on the well-being of the human race.

We copy the names of the Faculty from the Second Annual Report.

W. H. DWINELLE, M. D., Prof. of Dental Histology.

E. J. DUNNING, Prof. of Operative Dentistry.

N. M. KINGSLEY, Prof. of Dental Art and Mechanism.

J. SMITH DODGE, JR., M. D., D. D. S., Prof. of Dental Pathology and Therapeutics.

F. D. WEISSE, M. D., Prof. of Descriptive and Comparative Anatomy.

R. K. BROWNE, M. D. Prof. of Physiology and Microscopic Anatomy.

P. H. VANDER WEYDE, M. D., Prof. of Chemistry and Metallurgy.

— The Congrès Général des Pharmaciens de France et de l'Etranger was held in Paris in July last, and was attended by over a thousand dele-

gates from all parts of the world, Among the Vice-Presidents was Dr. JENKINS, of Louisville, Ky., who was subsequently elected foreign correspondent to the Société de prévoyance des Pharmaciens de la Seine.

#### Sixty Years of Insanity!

A sad tale of insanity and suffering is going the rounds of the papers; one that it would hardly have been expected could have happened in Massachusetts, a State with so many excellent hospitals for the insane. We make the record with great reluctance. Happily, the poor sufferer has recently been released. The case was that of JOSIAH SPAULDING, "the maniac pauper of Buckland."

Mr. SPAULDING was the only son of the late Rev. JOSIAH SPAULDING, pastor of the Congregational Church in Buckland, who died in 1820. He was graduated at Yale College in 1778. The father was an accurate scholar, an acute reasoner, and an able writer: but, lacking the graces of elocution, his discourses were marred by a monotonous and disagreeable delivery. His personal integrity, goodness of heart, and eminent piety were doubted by none. His fervor and fidelity in pastoral duty won the respect and love of all classes. The pious temper with which he bore his great trial for eleven of the last years of his life, and the uncomplaining spirit with which he provided, out of his scanty income, for the support of his unfortunate son, excited the admiration of his friends, and of all who became acquainted with his case.

Josiah was his only son. It was his father's chief desire that his son should be educated to be a minister of the gospel. With a feeble constitution, and a mind of only ordinary capacity, the young man studied beyond his strength in fitting for college, being compelled also to engage in school keeping, to supplement his father's narrow means. Just as he was nearly ready for college, being 21 years of age, he became violently and hopelessly deranged. The first public outbreak of insanity was at church on Sunday, while his father was at prayer, when he suddenly threw the psalm-book at his mother's head.

For nearly two years he was not confined, until his father's life had been repeatedly endangered by his violence, when he was restrained with chains for a couple of years, and then was placed in a strong cage in the garret of the house, from whence he never came forth while he lived. No clothing could be kept on him; but in severe weather he would allow himself to be covered with a blanket, which lasted only till his pro-

pensity for destruction became stronger than his fear of the cold. His cage was not high enough for him to stand erect, and he remained constantly in a sitting posture, leaning back against the timber when he slept. His limbs could not be straightened, his hair was never trimmed, and for cleanliness he received only the attention given to a poorly kept animal.

In fact he had lost all appearance of a human being, nearly lost his faculty of speech, and for many years before his death became wholly demented. For some years before the death of his parents, their poverty compelled them to throw their only son upon the town for support as a pauper, in a place where rigid penuriousness toward the poor was the law of public opinion. Thus lived for sixty years, and thus died, one of the "chronic insane poor." We find no record in the medical journals of so long a period of insanity. The longest period noted by French writers, and that in hospital, is fifty-six years.

Such is the inglorious history of one who was a son and brother and neighbor—a scholar, a gentleman, and a Christian, until struck with that terrible sickness of the mind, which three score years back was so ill understood as to be generally incurable. He died at the age of eighty-one. No official or legal investigation of his case, or his class of cases, has ever been made by the Government, but he was left in this pitiable, but unpitied state, in the midst of a highly enlightened and Christian people, to howl and shriek and groan, and suffer the unutterable horrors of mental madness for sixty years.

#### Guarana.

This substance is the resinous exudation of the *Paullinia Sorbilis*, a tree indigenous in Uruguay in South America. In the shape of powders, it is lauded as exerting a prompt and satisfactory power over nervous headaches and other neuralgic pains. It is said to be difficult to obtain it pure, as even much of the imported is adulterated with other resins.

#### Beer versus Bread.

The amount of nutriment contained in beer is generally greatly over-estimated. LIEBIG asserts that in 1,460 quarts of the best Bavarian beer, there is exactly the nourishment of an ordinary two-and-a-half pound loaf of bread. This beer is about on a par with our best American beer. Instead of being a condensation of the nutriment contained in the grain, in just so far as the liquid has undergone fermentation, the nourishment has disappeared.



### The Nursing of Children with the Milk of Animals in the South of France.

Dr. DEREINS has sent us a pamphlet in which he shows that the custom of French mothers to send their children into the country to hired nurses, is most destructive of life. He proposes to erect in a healthy country district, near Paris, an "oasis for infants," where the latter shall be carefully attended to, and fed by the milk of cows and other animals kept exclusively for the purpose. The author maintains that the plan can be carried out in two ways, either by public charitable subscription or by shares. It remains to be seen how his countrymen will respond to his benevolent views. The mortality of infants confided to country nurses has been shown to be frightful.—*London Lancet.*

### Saponin.

This substance is found in common soap-wort, horse-chestnuts, quillaja bark, corn-cockle, Senega-root, pimperl, and the roots of pinks. It seems to be widely diffused throughout the vegetable kingdom, and is easily extracted from plants by means of boiling alcohol. Its name is derived from the saponaceous qualities of its solution in water. An infusion of soap-wort is sometimes used for cleansing the finer kinds of wool. Saponin is a nearly white, friable powder, of sweetish taste, and producing a scratching sensation in the throat. Its dust causes violent sneezing. A drop of its solution applied to the eye excites burning pain and dilates the pupil. EUGENE PELIKAN, Director of the Civil Medical Department of Russia, lately sent to the Academy of Sciences, Paris, a note on the local paralysis produced by saponin and analogous substances. The result of his experiments may be briefly summed up as follows:

1. The local paralysis produced by saponin is followed by a rigidity of the muscles and paralysis of the nerves of sensation.

2. This local paralyzing action resembles somewhat that of substances acting on the pupil like atropin, etc.

3. Saponin, now employed in medicine, is probably destined to perform another part than that at present attributed to it, and for this reason it should be submitted to new clinical experiments.

4. Saponin does not cause either contractions of the muscles or other parts to which it is applied, yet it annuls completely the irritability of the muscles, provided the animal submitted to its action is in the normal state of health.

—The twenty-fifth annual commencement of the Rush Medical College took place in Chicago on the 5th ult., and one hundred and twenty-six candidates received the degree of M. D., being the largest class, it is said, that ever left a western medical school. The valedictory address was delivered by Professor R. L. REA, and that to the graduating class by President BLANEY.

—At the annual commencement of the Buffalo Medical College, on the 25th ult., the degree of M. D. was conferred upon forty candidates. The charge to the class was delivered by Dr. J. F. MINER, and the valedictory address by Dr. MATTHEW WILLOUGHBY, member of the graduating class.

### ARMY AND NAVY NEWS.

#### The Medical Service of the Navy of the United States.

Those desirous of entering the service of the United States as Medical Officers of the Navy, must make formal application to the Secretary of the Navy, for the privilege of appearing before a Board of Examiners. In this application the age at last birth-day must be stated, and the residence of the applicant, giving Post-Office, County, and State. Testimonials of moral and physical qualifications should also be forwarded. Any further information will be cheerfully furnished on application to the Secretary of the Navy.

#### Rank and Compensation.

Fleet Surgeons—(Captain.)	\$3,300
Surgeons: On duty at sea. (First 5 years, Lt. Commander, after first 5 years. Commander, and after 15 years Captain,) for first five years,	2,200
After which \$200 is added for each five years of service to 20 years, when it is	3,000
On other duty. Two hundred dollars less than when on duty at sea; for each period of five years service,	2,000 to 2,800
On leave, or waiting orders. Four hundred to five hundred dollars less than the last, for each period of five years service,	1,600 to 2,300
Passed Assistant Surgeons:—(Lieutenants,) on duty at sea,	1,500
On other duty,	1,400
On leave, or waiting orders,	1,100
Assistant Surgeons:—(Masters) on duty at sea,	1,250
On other duty,	1,050
On leave, or waiting orders,	800
In addition to the above compensation, medical officers are allowed 33½ per cent on their annual pay.	

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

### MARRIED.

**CROSS—DODGE.**—By Rev. E. J. Goodspeed, March 23, at the residence of the bride's father, John R. Cross, Esq., and Miss Mary L. Dodge, daughter of Lewis Dodge, M.D., all of Chicago.

**DAWKINS—WILLIAMS.**—March 24th, in Chester City, Pa., by the Rev. H. E. Gilroy, Dr. Richard C. Dawkins, of La Grange, Ky., and Miss Lizzie B., daughter of Chas. Williams, Esq., of the above city.

**STROUSE—CONGER.**—By Rev. J. W. Hamilton, March 12, at the residence of the bride, Simon S. Strouse, M.D., and Mrs. Ann Conger, both of Washington co., Pa.

**TATE—BROWN.**—In Middletown, Pa., March 19th, by the Rev. Henry L. Kex, Col. Joseph W. Tate, of Bedford, Pa., and Miss Rebecca I. Brown, daughter of Dr. Mercer Brown, of Middletown.

### DIED.

**BROWN.**—At Sing Sing, N. Y., March 21, Kate, wife of Wm. Faulkner Brown, Surgeon U. S. A., and daughter of B. O'Connor.

**CHILDS.**—The Hon. H. H. Childs, M.D., of Pittsfield, Mass., President of the Berkshire Medical College, and formerly Lieutenant-Governor of Massachusetts, died in Boston, on Sunday, March 22d, aged 84.

**GRAY.**—In this city, March 22d, William H. Gray, M.D., aged 31 years.

**KELLOGG.**—In New York, March 23th, Louisa H., wife of Dr. E. M. Kellogg, of that city, and daughter of A. T. Chur, formerly of Philadelphia.

**KINBLEY.**—At Yonkers, N. Y., March 26, Dr. Hudson Kinbley, in the 73d year of his age.

**MACNEVEN.**—In New York, March 26th, Jane M. Macneven, widow of the late Dr. Wm. J. Macneven, in the 86th year of her age.

**QUIN.**—At Morrisania, N. Y., March 28, James M. Quin, M.D., in his 62d year.

**QUINLAN.**—In Chicago, March 11, in the 36th year of her age, Jane Cuyler Shepard, wife of Dr. John D. Quinlan.

**SIMPSON.**—March 14th, Miss Louisa Simpson, daughter of Dr. John Simpson, of Shippensburg, Pa.

**SMEDLEY.**—At North-East, Pa., Jan. 26th, 1868, James Smedley, M.D., aged 78 years.

**WOOD.**—In New York, March 25, Dr. Isaac Wood, in his 75th year, son of the late Samuel Wood.

**YOUNG.**—In New York, March 17th, Dr. Frank N. H. Young, of Danbury, Conn., aged 36 years.

### ANSWERS TO CORRESPONDENTS.

**Mr. J. C. Jr., of Ct.**—You had better apply to the deans of the respective faculties for catalogues of the medical colleges. We do not undertake to say "what city has the best college advantages."

**Dr. J. B. of O.**—"What would you suggest in a case of granulated lids, aside from cauterizing with nitrate of silver, and using internally pills composed of ext. nuc. vom., quina., and Vallet's mass?" If these have failed, poultice or foment the eyes for a day or two, and try sulphate of copper in crystals, or  $\mathcal{R}$ .j. to  $\mathcal{R}$ .ij. of cerat. simp. If the granulations are large, the scissors should be used, and if there is any sign of a venereal taint, this may cause the obstinacy.

### METEOROLOGY.

March,	16,	17,	18,	19,	20,	21,	22.
Wind.....	N. E.	S. W.	N. W.	N. E.	N. E.	N. E.	N. W.
Weather.....	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.
Depth Rain..		Sh'r.			white	Snow.	
		t. & l.			Frost.		
		4-10					
Thermometer.							
Minimum.....	40°	41°	45°	27°	24°	22°	19°
At 8, A. M.....	47	47	55	35	34	32	29
At 12, M.....	59	74	57	45	41	34	38
At 3, P. M.....	57	75	59	47	41	35	41
Mean.....	50.75	59.25	54.	38.50	35.	30.75	31.75
Barometer.							
At 12, M.....	30.1	30.	30.2	30.4	30.2	29.4	30.
Germantown, Pa.				B. J. LEEDON.			

## PHILADELPHIA SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.  
JAMES H. HUTCHINSON, M.D.  
H. LENOX HODGE, M.D.  
EDWARD A. SMITH, M.D.  
D. MURRAY CHESTON, M.D.  
HORACE WILLIAMS, M.D.  
GEORGE C. HARLAN, M.D.

The Fourth Session of the PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin March 1st, 1868, and will continue until October.

CLINICAL INSTRUCTION will be given from the first of March to the first of October.

LECTURES AND EXAMINATIONS will take place daily during April, May, June, and September.

### EXAMINATIONS.

ANATOMY, CHEMISTRY, PHYSIOLOGY,  
SURGERY, MATERIA MEDICA, OBSTETRICS,  
PRACTICE OF MEDICINE.

**OPERATIVE AND MINOR SURGERY.**—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. LENOX HODGE, M.D.

**PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.**—Lectures and Clinical Examination of Patients, by JAMES H. HUTCHINSON, M.D.

**MICROSCOPE.**—The structure of the Microscope, and the manner of using it, will be explained, and the microscopic appearance of the tissues and fluids in health and disease will be exhibited by HORACE WILLIAMS, M.D.

**URINARY DEPOSITS AND TESTS.**—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by JAMES H. HUTCHINSON, M.D.

**MATERIA MEDICA.**—Lectures by ROBERT BOLLING, M.D.

**DISEASES OF THE EYE.**—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by GEORGE C. HARLAN, M.D.

**DISSECTIONS AND SURGICAL OPERATIONS** may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

### CLINICAL INSTRUCTION.

**PENNSYLVANIA HOSPITAL.**—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

**EPISCOPAL HOSPITAL.**—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

**CHILDREN'S HOSPITAL.**—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

**DISPENSARY FOR DISEASES OF THE HEART AND LUNGS** will be conducted by Dr. Hutchinson in connection with his lectures.

**FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.**

OR ANY PART MAY BE TAKEN SEPARATELY.

**OFFICE STUDENTS** will be received by Drs. Bolling, Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

**WINTER COURSE OF EXAMINATIONS** will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

**CANDIDATES FOR ADMISSION TO THE ARMY AND NAVY**, and those desiring promotion to a higher grade, may obtain private instruction.

**Fee for Office Students (one year), \$100.**  
**Fee for one Course of Examinations, \$30.**

Class Rooms, No. 920 Chestnut Street.  
Anatomical and Surgical House, College Avenue.  
Apply to H. LENOX HODGE, M.D.,  
N. W. corner Ninth and Walnut Streets,  
Philadelphia.